

Your National Scheme:
For safer healthcare

Nursing and Midwifery Board of Australia

Annual report summary
2016/17



Nursing and Midwifery
Board of Australia

AHPRA

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At a glance: The nursing profession in 2016/17



92,145 registered nursing students, up **2.8%** from last year



386,629 nurses, up **2.8%** from 2015/16

That's **56.9%** of total health practitioner registrant base

28,928 also hold registration in midwifery

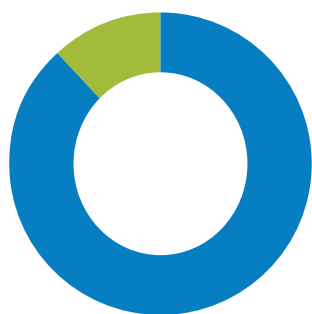
The number of dual registered nurses and midwives is down **2.6%** from last year



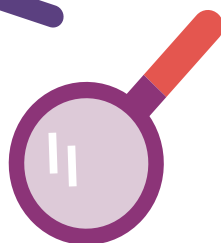
1,568 notifications lodged with AHPRA about nurses

0.6% of nurses had notifications made about them

24 notifications were made about nursing students



Female: 88.3%
Male: 11.7%



1,528 nurses were being actively monitored for compliance with restrictions on their registration¹

1,473 notifications closed this year

22.7% resulted in accepting an undertaking or conditions being imposed on a nurse's registration

16.4% resulted in a nurse receiving a caution or reprimand by the Board

1.6% resulted in suspension or cancellation of registration

57% resulted in no further action being taken



Immediate action was taken **155** times; **23** resulted in suspension of registration

471 mandatory notifications were made (**338** about standards, **88** about impairment, **26** about alcohol or drugs, and **19** about alleged sexual misconduct)

¹ Data at 30 June 2017. See page 26 for information about monitoring cases relating to compliance with restrictions on registration for nurses and midwives.

At a glance: The midwifery profession in 2016/17



3,985 registered midwifery students, up **0.9%** from last year



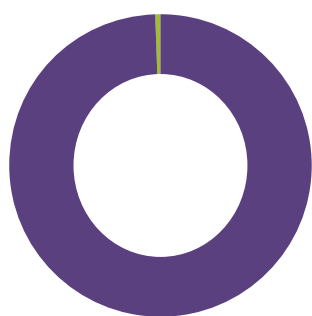
33,552 midwives, down **0.8%** from 2015/16

That's **4.9%** of total health practitioner registrant base



75 notifications lodged with AHPRA about midwives

0.3% of midwives had notifications made about them



Female: 99.7%
Male: 0.3%

86 notifications closed this year

22.1% resulted in accepting an undertaking or conditions being imposed on a midwife's registration

26.7% resulted in a midwife receiving a caution or reprimand by the Board

1.2% resulted in suspension or cancellation of registration

47.7% resulted in no further action being taken

155 midwives were being actively monitored for compliance with restrictions on their registration



8 statutory offence complaints were made about midwives; **35** were closed

6 of the new matters related to title protection; 2 related to advertising breaches

Immediate action was taken **twice**; **one** resulted in restrictions being imposed on a midwife's registration

17 mandatory notifications were made (**14** about standards, **3** about impairment)

Message from the Chair, Nursing and Midwifery Board of Australia

This report summarises data relating to the nursing and midwifery professions in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

The Nursing and Midwifery Board of Australia (NMBA) guides the safe practice of nursing and midwifery in Australia by setting evidence-based standards, codes and guidelines, and takes regulatory action on behalf of the public. In 2017, the NMBA reviewed and consulted on a number of important guiding documents, as well as launching the first national health support service for nurses and midwives.

Over 4,000 nurses, midwives, health consumers and other stakeholders participated in the development of the new codes of conduct for nurses and midwives. The codes of conduct set out the legal requirements, professional behaviour and conduct expectations for all nurses and midwives in all practice settings. The new codes make clear the roles nurses and midwives are expected to take in relation to culturally safe and respectful practice, and promoting equal access to healthcare for everyone. The codes of conduct will take effect on 1 March 2018.

To support nurses and midwives in providing safe care for the public, in March 2017 the NMBA launched Nurse & Midwife Support, an independent, confidential health support service. Nurse & Midwife Support provides a 24/7 phone service staffed by nurses and midwives as well as a comprehensive website offering advice on health specifically for these professions.

On behalf of the NMBA, I would like to thank the individuals and organisations who have worked with us over the year to contribute to safe, evidence-based and respectful care. I would like to thank nurses and midwives across the country who continue to provide vital healthcare for all Australians.



Associate Professor Lynette Cusack
Chair of the Nursing and Midwifery Board of Australia

Members of the Nursing and Midwifery Board of Australia

Associate Professor Lynette Cusack (Chair)
Ms Angela Brannelly
Adjunct Professor Veronica Casey
Ms Nicoletta Ciffolilli
Professor Denise Fassett
Ms Melodie Heland
Mr Christopher Helms
Mr Max Howard
Ms Annette Symes
Mrs Allyson Warrington
Ms Margaret Winn
Mrs Jennifer Wood

Committees

A number of national committees support the NMBA, including the:

- Finance, Governance and Communications Committee
- Policy, Compliance and Notifications Committee
- Registration and Accreditation Committee, and
- State and Territory Chairs' Committee.

The NMBA also has boards in each state and territory. For more information, see the appendices.

Executive and policy support



Ms Tanya Vogt
Executive Officer, Nursing and Midwifery

Ms Vogt supports the NMBA. She works in AHPRA's National Office in Melbourne. Executive Officers provide a vital link between the National Boards and AHPRA.

About us

The Nursing and Midwifery Board of Australia (NMBA) has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the professions by ensuring that only those practitioners who are suitably trained and qualified as nurses and/or midwives can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the National Scheme regulatory principles (see right).

For more information about the NMBA, visit our website at www.nursingmidwiferyboard.gov.au.

For more information about the National Scheme and AHPRA, visit www.ahpra.gov.au/About-AHPRA.

About this report

This annual report summary provides a profession-specific view of the NMBA and AHPRA's work to manage risk to the public in 2016/17. Information provided in this summary report is drawn from data published in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

Whenever possible, historical data are provided to show trends over time.

Please see page 15 for information about our data.

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from www.ahpra.gov.au/annual-report/2017.

Annual report summaries that segment the registrant base by state and territory are also published online.

Our regulatory principles

Eight regulatory principles underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's 2016/17 annual report from www.ahpra.gov.au/annual-report/2017

The Nursing and Midwifery Board of Australia: Year in review

Spotlight on: Nurse & Midwife Support

The NMBA launched Australia's first national health support service for nurses and midwives on 8 March 2017 at the Town Hall, Melbourne. Nurse & Midwife Support offers a 24-hour independent, confidential telephone service as well as online support, providing advice and referral on health issues for Australia's nurses, midwives and nursing and midwifery students.

The service is an NMBA initiative that seeks to support nurses and midwives with health issues in order to contribute to safe care for the public. It was developed following NMBA-commissioned research into the role a regulator might play in supporting national health programs in relation to health impairment under the National Law, as in force in each state and territory.

Nurse & Midwife Support is run independently by Turning Point, a leading health treatment, research and education organisation in Australia. See www.nmsupport.org.au.

The Expert Advisory Group has been analysing the feedback and is scheduled to deliver its report in 2017/18.

Codes of conduct

As a part of the review of the *Code of conduct for nurses*, *Code of conduct for midwives*, *A nurse's guide to professional boundaries* and *A midwife's guide to professional boundaries*, the NMBA opened public consultation in January 2017 on the revised *Code of conduct for nurses* and *Code of conduct for midwives* (the codes).

The codes are important documents that set out the legal requirements, professional behaviour and conduct expectations for nurses and midwives in all practice settings. The codes describe the principles of professional behaviour that guide safe practice, and clearly outline the conduct expected of nurses and midwives by their colleagues and the broader community.

The draft revised codes were developed by the NMBA through extensive consultation with key stakeholders and the nursing and midwifery professions, as well as literature and evidence reviews.

The consultation had 3,000 responses and this feedback was incorporated into the final codes, which were released in 2017 to take effect in 2018.

Midwife standards for practice

Deakin University was appointed in June 2016 to develop the NMBA *Midwife standards for practice*, including a review of the existing *National competency standards for the midwife* (2006).

The current *National competency standards for the midwife* are the core competency standards by which a midwife's performance is assessed to obtain and retain registration to practise in Australia. Since these standards were published in 2006, the role and scope of practice for midwifery throughout Australia, the model of education and training, and the regulatory framework within which registration of midwives occurs, have developed substantially.

In 2016/17, Deakin University undertook research and analysis on behalf of the NMBA to draft the new *Midwife standards for practice* to be suitable for midwives in all contexts of practice. Research included literature reviews, observations of midwives in practice, preliminary consultation with key stakeholders, and workshops with an expert advisory group.

The draft *Midwife standards for practice* opened for public consultation in July 2017 and the final standards are expected to be released in 2018.

Communications, engagement and stakeholder relations

A number of communications and engagement activities were conducted throughout the year to keep the professions and stakeholders up to date with changes to standards and guidelines. These included:

Information forums for the professions

A number of important changes to registration standards and guidelines came into effect on 1 June 2016, as well as the *Registered nurse standards for practice*, which guides the practice of over 300,000 registered nurses in Australia.

In 2016/17, the NMBA held information forums for nurses and midwives across the country, to engage with members of the professions in person about these changes to standards and guidelines. Forums were offered at 31 venues such as hospitals, and videoconferencing increased accessibility with over 90 additional venues joining via electronic means.

Over 95% of attendees rated the sessions as 'good' or 'excellent' and said that it had increased their understanding of their professional obligations.

E-newsletters

E-newsletters are one of the key communications channels for the NMBA to be able to keep nurses and midwives up to date with the standards of their professions. In February 2017, the NMBA launched a new monthly newsletter developed in-house to provide nurses and midwives with more timely and engaging updates. The new newsletter has received positive feedback, with open rates of approximately 60% – far higher than industry standards.

View the e-newsletters on [the NMBA website](#).

NMBA national conference 2017

The NMBA hosted its national conference in Melbourne in March 2017. The national conference brings together members of the national, state and territory boards of the NMBA, AHPRA staff and key regulatory partners such as the NSW Nursing and Midwifery Council, the Midwifery Council of New Zealand and the Nursing Council of New Zealand.

The conference theme was 'Partnerships, collaboration and consistency', with the aim of working towards better experiences and outcomes in the regulation of nurses and midwives across Australia.

Policy and accreditation

The following policy and accreditation activities were actioned during the year:

Outcomes-based assessment of internationally qualified nurses and midwives

The NMBA has continued to work on developing the model for an outcomes-based assessment of internationally qualified nurses and midwives. This model will see the establishment of a knowledge and skills assessment for overseas-trained nurses and midwives who apply for registration in Australia. The NMBA released a tender in June 2017 for the development of the skills assessment component.

Approved registration standards, codes and guidelines

The registration standard *Endorsement for scheduled medicines for midwives* came into effect on 1 January 2017. This standard enables midwives who have completed an NMBA approved program of study to prescribe scheduled medicines. The development of this standard saw the combination of two separate registration standards and the streamlining of the requirements for endorsement.

In addition, the standard now enables midwives who work in a specific context to apply for the endorsement.

Safety and quality guidelines for privately practising midwives

On 1 January 2017 the *Safety and quality guidelines for privately practising midwives* came into effect, replacing the *Safety and quality framework for privately practising midwives attending homebirths*. The guidelines set out the NMBA requirements for practice of midwives who provide homebirth services. An audit of privately practising midwives to confirm that they are meeting the requirements of the guidelines will be conducted in late 2017 and a report will update Health Ministers on the audit in 2018.

Future works

The NMBA is planning the following activities during 2017/18:

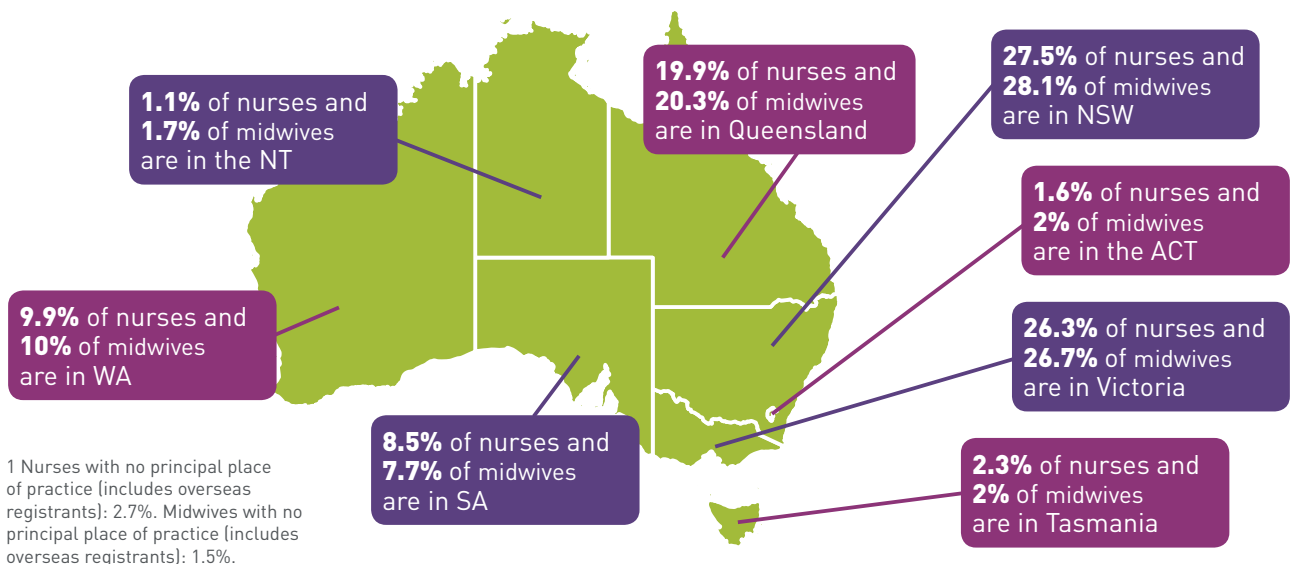
- ▶ reviewing the *Code of ethics for nurses* and the *Code of ethics for midwives* in partnership with the Australian Nursing and Midwifery Federation, the Australian College of Midwives and the Australian College of Nurses
- ▶ reviewing the *Decision-making framework*, and
- ▶ working with the Chief Nursing and Midwifery Officers on models of prescribing by nurses and midwives.

Registering the workforce in 2016/17

In brief: Registration of nurses and midwives

- ▶ 386,629 registered nurses in 2016/17; up 2.8% from 2015/16.
- ▶ 33,552 registered midwives in 2016/17; down 0.8% from 2015/16.
- ▶ Nurses comprise 56.9% of the total health practitioner registrant base.
- ▶ Midwives comprise 4.9% of the total health practitioner registration base.
- ▶ The number of dual registered nurses and midwives decreased by 2.6% from 2015/16.
- ▶ Of all midwifery registrants, 4,624 hold registration as a midwife only (an increase of 12.2% from 2015/16).
- ▶ 92,145 registered nursing students; up 2.8% from the previous year.
- ▶ 3,985 registered midwifery students; up 0.9% from the previous year.
- ▶ 1% of nurses and midwives identified as being Aboriginal and/or Torres Strait Islander (3,740 practitioners).
- ▶ Women comprised 88.3% of the nursing profession and 99.7% of the midwifery profession.

Figure 1: Percentage of nurses and midwives with a principal place of practice in each state and territory¹



About registration

Under the National Law, as in force in each state and territory, there is a range of registration categories under which a registrant can practise as a nurse and/or midwife in Australia. Nursing and midwifery registration types are:

- ▶ general registration as an enrolled nurse, registered nurse or midwife
- ▶ non-practising registration
- ▶ student registration, and
- ▶ provisional registration.

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. The endorsements for nursing and midwifery are:

- ▶ Nurse Practitioner
- ▶ Registered Nurse – supply scheduled medicines (rural and isolated practice), and
- ▶ Midwife – scheduled medicines.

Before a person can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted by the NMBA.

Find out more about registering as a nurse and/or midwife at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.

Figure 2: Nursing registration numbers, year by year, since the National Scheme began

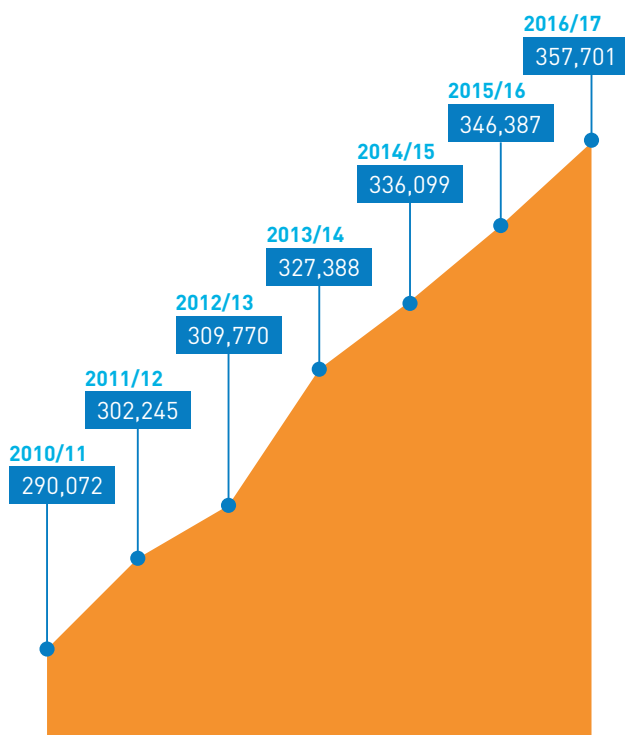


Figure 3: Midwifery registration numbers, year by year, since the National Scheme began

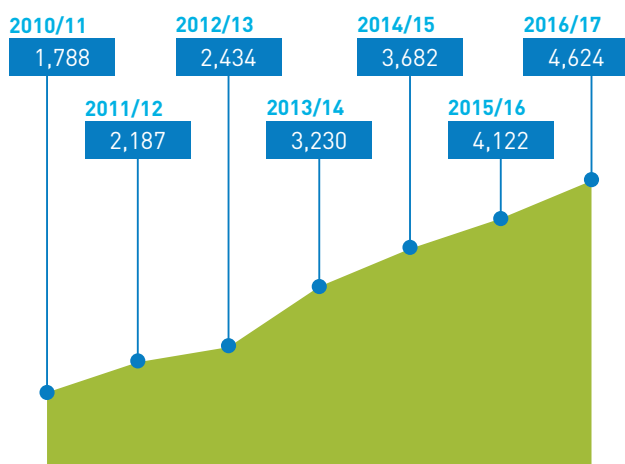
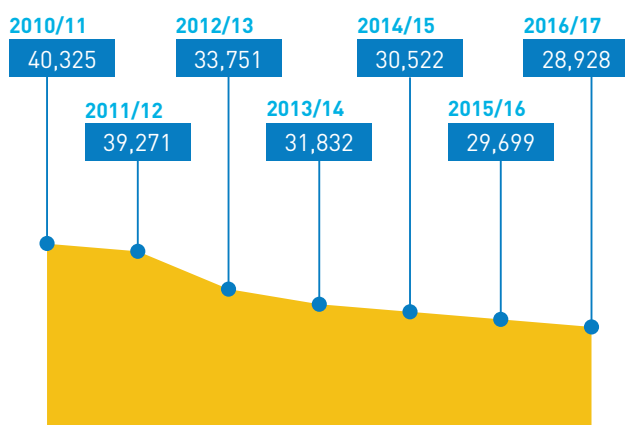


Figure 4: Dual registrant (nurse and midwife) numbers, year by year, since the National Scheme began



Registration in 2016/17

As at 30 June 2017, there were a total of 391,253 nurses and midwives registered with the NMBA. This represents a 2.9% increase in the number of registrants with the NMBA.

New South Wales (NSW), Victoria (Vic) and Queensland (Qld) accounted for 73.7% of all nurses and midwives registered nationally. Within the National Scheme, 57.6% of all registered health practitioners were nursing and/or midwifery practitioners.

According to data from the National Health Workforce Data Set, compiled from a survey that health practitioners fill out upon registration, 3,740 nurses and/or midwives identified as being Aboriginal or Torres Strait Islander in 2016/17, equating to 1% of all nurses and midwives.

Of the registrant base as at 30 June 2017, more than 98.4% held some form of practising registration (see Table 2) – a steady increase for nurses and midwives in all jurisdictions. There was a decrease in almost every jurisdiction in the percentage of registrants who held both nursing and midwifery registration concurrently, and a 2.6% reduction overall for this cohort from the previous year. This suggests a shift away from dual registration, as many practitioners are choosing to practise as a nurse or a midwife only. Of all registered nurses and midwives, 0.8% of the registrant base also held an endorsement/notation for an expanded scope of practice (see Tables 6 and 7).

For more information about registration, visit the NMBA website: www.nursingmidwiferyboard.gov.au.

Applications for registration

There were 32,572 new applications for registration with the NMBA received by AHPRA in 2016/17 (30,729 as nurses and 1,843 as midwives). In partnership with AHPRA, the NMBA considers every application for registration carefully and assesses it against the requirements for registration, including criminal history and English-language proficiency.

Only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, the NMBA may decide to impose conditions on a nurse or midwife's registration or refuse an application entirely.

Of the applications received, 10.2% resulted in conditions being imposed on registration or refusal of registration to protect the public. Of these, the majority were overseas-trained applicants who were refused registration because they did not meet eligibility requirements.

Renewals

Once on the register of practitioners, nurses and/or midwives must apply to renew their registration each year and be reassessed against the relevant registration requirements. As with new applications for registration, the NMBA may impose conditions on a practitioner's registration or refuse renewal entirely.

A total of 370,539 nurses and midwives renewed their registration in 2016/17, with 98.5% of all registrants renewing online.

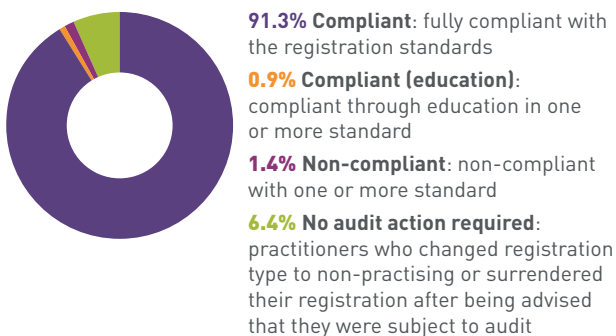
Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. See Figure 5 for audit outcomes for the nursing and midwifery professions.

See AHPRA's [2016/17 annual report](#) for more information about the audit process.

Figure 5: Audit outcomes for the nursing and midwifery professions in 2016/17



The register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible register of practitioners (the register) so that information about the registration of any health practitioner is easy to find.

The online [register](#) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. As decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the register is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a [register of cancelled practitioners](#).

The register of practitioners was built with data from multiple sources when the National Scheme began. This year, AHPRA undertook extensive data remediation on the register for the nursing and midwifery renewal campaign to fix inconsistencies in the recording of practitioners' qualifications and date of first registration. This resulted in 13% of nurses and midwives providing further information that enabled AHPRA to improve the accuracy of our data.

Search the register at www.ahpra.gov.au/registration/registers-of-practitioners.

Table 1: Registrant numbers as at 30 June 2017

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Midwife: 2016/17	141	1,043	83	907	572	24	1,272	408	174	4,624
Midwife: 2015/16	120	903	73	770	522	22	1,181	385	146	4,122
% change from 2015/16 to 2016/17	17.5%	15.5%	13.7%	17.8%	9.6%	9.1%	7.7%	6.0%	19.2%	12.2%
Nurse: 2016/17	5,671	98,130	3,887	70,904	30,989	8,429	94,114	35,396	10,181	357,701
Nurse: 2015/16	5,382	95,076	3,785	67,703	30,764	8,212	91,129	34,664	9,672	346,387
% change from 2015/16 to 2016/17	5.4%	3.2%	2.7%	4.7%	0.7%	2.6%	3.3%	2.1%	5.3%	3.3%
Nurse and midwife: 2016/17	543	8,371	497	5,890	2,023	646	7,695	2,937	326	28,928
Nurse and midwife: 2015/16	579	8,742	520	6,019	2,123	646	7,769	2,968	333	29,699
% change from 2015/16 to 2016/17	-6.2%	-4.2%	-4.4%	-2.1%	-4.7%	0.0%	-1.0%	-1.0%	-2.1%	-2.6%
Total: 2016/17	6,355	107,544	4,467	77,701	33,584	9,099	103,081	38,741	10,681	391,253
Total: 2015/16	6,081	104,721	4,378	74,492	33,409	8,880	100,079	38,017	10,151	380,208
% change from 2015/16 to 2016/17	4.5%	2.7%	2.0%	4.3%	0.5%	2.5%	3.0%	1.9%	5.2%	2.9%
State/territory nurses and midwives as % of all nurses and midwives	1.6%	27.5%	1.1%	19.9%	8.6%	2.3%	26.3%	9.9%	2.7%	100.0%
All regulated health practitioners 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938
All regulated health practitioners 2015/16	11,362	190,986	6,913	127,376	53,119	14,123	169,478	67,384	16,880	657,621
Nurses and midwives as % of all regulated health practitioners in the state or territory	53.7%	54.7%	63.1%	58.4%	62.4%	62.7%	58.8%	56.1%	60.7%	57.6%

Table 2: Registrants by registration type and state or territory

Registration type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2015/16	% change 2015/16–2016/17
Midwife	141	1,043	83	907	572	24	1,272	408	174	4,624	4,122	12.2%
General	140	1,021	83	895	565	24	1,253	401	166	4,548	4,050	12.3%
Non-practising	1	21		11	7		18	7	8	73	72	1.4%
Provisional		1		1			1			3	0	300.0%
Nurse	5,671	98,130	3,887	70,904	30,989	8,429	94,114	35,396	10,181	357,701	346,387	3.3%
General	5,570	96,148	3,854	69,982	30,466	8,292	93,079	34,923	9,697	352,011	341,071	3.2%
General and non-practising ²		9		4	4		8	2		27	25	8.0%
General and Provisional				1	2		1	1		5	0	500.0%
Non-practising	95	1,908	33	863	501	132	966	439	484	5,421	5,161	5.0%
Provisional	6	65		54	16	5	60	31		237	130	82.3%
Nurse and midwife	543	8,371	497	5,890	2,023	646	7,695	2,937	326	28,928	29,699	-2.6%
General	492	7,278	491	5,594	1,915	606	7,368	2,799	292	26,835	27,680	-3.1%
General and non-practising ³	31	771	6	193	63	29	218	84	6	1,401	1,337	4.8%
General and Provisional		3		1	1		3			8	6	33.3%
Non-practising	20	318		100	44	11	105	53	28	679	671	1.2%
Provisional		1		2			1	1		5	5	0.0%

1 No principal place of practice (No PPP) will include practitioners with an overseas address.

2 Nurse or midwife holding general registration in one division and non-practising registration in another division.

3 Nurse or midwife holding general registration in one profession and non-practising registration in the other profession.

Table 3: Registrants by age

	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
Midwife: 2016/17	329	848	774	623	617	537	391	247	161	69	23	4	1	4,624
Midwife: 2015/16	366	782	661	527	571	478	307	221	133	57	16	3		4,122
Nurse: 2016/17	16,307	40,195	47,272	37,961	38,865	42,700	39,490	43,168	32,594	14,608	3,710	695	136	357,701
Nurse: 2015/16	18,564	40,192	42,389	35,558	40,552	41,033	40,733	42,681	29,144	12,286	2,665	503	87	346,387
Nurse and midwife: 2016/17	361	1,602	1,967	1,864	2,175	2,999	4,237	6,067	4,812	2,156	558	109	21	28,928
Nurse and midwife: 2015/16	449	1,571	1,946	1,793	2,424	3,253	5,060	6,267	4,549	1,869	418	81	19	29,699
Total nurse and midwife: 2016/17	16,997	42,645	50,013	40,448	41,657	46,236	44,118	49,482	37,567	16,833	4,291	808	158	391,253
Total nurse and midwife: 2015/16	19,379	42,545	44,996	37,878	43,547	44,764	46,100	49,169	33,826	14,212	3,099	587	106	380,208
Age group as % of all nurses and midwives	4.3%	10.9%	12.8%	10.3%	10.6%	11.8%	11.3%	12.6%	9.6%	4.3%	1.1%	0.2%	0.0%	100.0%
All regulated health practitioners 2016/17	26,073	85,071	95,700	80,655	75,316	75,186	68,215	72,475	55,722	28,217	10,734	3,662	1,912	678,938
All regulated health practitioners 2015/16	31,601	84,964	88,223	75,403	75,746	71,619	69,819	71,754	50,259	24,897	8,533	3,137	1,666	657,621
Nurses and midwives as % of all regulated health practitioners	65.2%	50.1%	52.3%	50.1%	55.3%	61.5%	64.7%	68.3%	67.4%	59.7%	40.0%	22.1%	8.3%	57.6%

Table 4: Registrants by principal place of practice and gender

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2015/16	% change 2015/16-2016/17
Midwife	141	1,043	83	907	572	24	1,272	408	174	4,624	4,122	12.2%
Female	140	1,037	82	906	571	23	1,267	408	174	4,608	4,107	12.2%
Male	1	6	1	1	1	1	5			16	15	6.7%
Nurse	5,671	98,130	3,887	70,904	30,989	8,429	94,114	35,396	10,181	357,701	346,387	3.3%
Female	4,936	85,241	3,271	62,902	27,458	7,448	83,931	32,087	8,719	315,993	306,450	3.1%
Intersex or indeterminate	0	1	0	1	0	0	0	0	0	2	0	200.0%
Male	735	12,888	616	8,001	3,531	981	10,183	3,309	1,462	41,706	39,937	4.4%
Nurse and midwife	543	8,371	497	5,890	2,023	646	7,695	2,937	326	28,928	29,699	-2.6%
Female	533	8,175	468	5,798	1,982	631	7,621	2,892	319	28,419	29,177	-2.6%
Male	10	196	29	92	41	15	74	45	7	509	522	-2.5%

¹ No principal place of practice (No PPP) will include practitioners with an overseas address.

Table 5: Registrants by division

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2015/16
Nurse	5,671	98,130	3,887	70,904	30,989	8,429	94,114	35,396	10,181	357,701	346,387
Enrolled nurse	735	14,081	429	13,108	8,002	1,498	20,592	5,444	132	64,021	62,994
Enrolled nurse and registered nurse ²	79	1,333	66	1,498	776	92	2,746	639	35	7,264	6,465
Registered nurse	4,857	82,716	3,392	56,298	22,211	6,839	70,776	29,313	10,014	286,416	276,928
Nurse and midwife	543	8,371	497	5,890	2,023	646	7,695	2,937	326	28,928	29,699
Enrolled nurse and midwife ²	0	4	2	23	7	0	34	0	0	70	64
Enrolled nurse and registered nurse and midwife ²	1	17		4	1	1	30	12	0	66	66
Registered nurse and midwife ²	542	8,350	495	5,863	2,015	645	7,631	2,925	326	28,792	29,569

Table 6: Registrants by profession, principal place of practice and endorsements

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2015/16
Nurse³	48	405	44	1,227	134	40	474	270	34	2,676	2,515
Nurse Practitioner	43	356	22	406	127	33	301	246	25	1,559	1,418
Scheduled Medicines	5	49	22	821	7	7	173	24	9	1,117	1,097
Midwife ³	2	57	3	122	31	9	63	46	0	333	251
Scheduled Medicines	2	56	3	122	31	9	63	46	0	332	250
Midwife Practitioner	0	1	0	0	0	0	0	0	0	1	1

Table 7: Registrants by profession, principal place of practice and notations

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2015/16
Nurse³	9	437	35	279	257	18	361	1,255	225	2,876	2,778
Disability Nursing	0	37	2	11	5	0	13	18	12	98	85
Mental Health Nursing	7	264	31	170	233	16	268	1,087	146	2,222	2,193
Paediatric Nursing	2	136	2	98	19	2	80	150	67	556	500
Midwife ³	1	6	1	23	2	0	7	5	0	45	135
Eligible Midwife	1	6	1	23	2	0	7	5	0	45	135

1 No principal place of practice (No PPP) will include practitioners with an overseas address.

2 Nurses and midwives who hold dual or multiple registration.

3 Nurses and midwives may hold dual nursing and midwifery registration and may have endorsements and/or notations against each registration.

Regulating the workforce: Complaints about the professions in 2016/17

In brief: Notifications

- ▶ 1,568 notifications (complaints or concerns) were lodged with AHPRA about nurses in 2016/17. This equates to 0.6% of the profession.
- ▶ 75 notifications (complaints or concerns) were lodged with AHPRA about midwives in 2016/17. This equates to 0.3% of the profession.
- ▶ 24 complaints were lodged about nursing students; no complaints were lodged about midwifery students.
- ▶ 1,559 notifications about nurses and midwives were closed (1,473 notifications about nurses and 86 about midwives).
- ▶ Immediate action was taken 155 times in relation to complaints about nurses, and twice in relation to complaints about midwives.
- ▶ 488 mandatory notifications were received by AHPRA about nurses and midwives during the year. These complaints made up over 70% of all mandatory notifications received across all professions in the National Scheme.
- ▶ 1,528 nurses and 155 midwives were being monitored for conditions on their registration.
- ▶ 84 statutory offence complaints were made – the majority related to title protection.

- ▶ should be referred to AHPRA and the relevant National Board for management, or
- ▶ can be closed, or managed by way of conciliation or local resolution.

We only have access to data relating to matters referred to us by the OHO. We do not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified about a concern or complaint about a practitioner, which AHPRA manages in partnership with the relevant National Board. Most of the notifications received about individual nurses and midwives are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For data about statutory offences concerning nurses and midwives in 2016/17, see page 27.

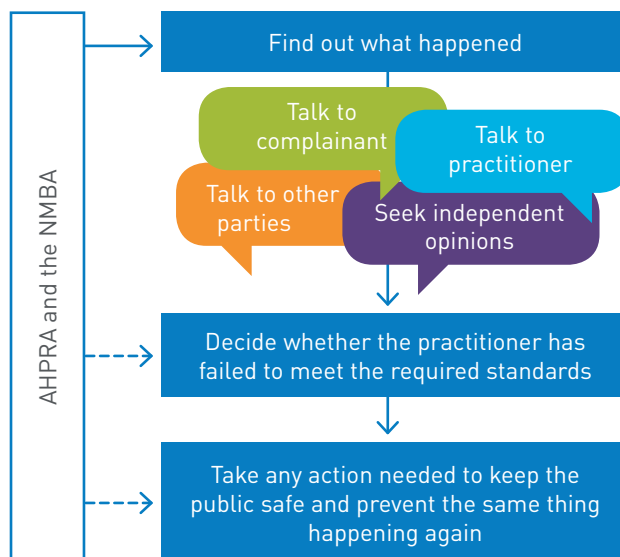
Keeping the public safe is the primary focus when the NMBA makes decisions about notifications.

Anyone can notify AHPRA about a registered nurse, enrolled nurse and/or midwife's health, performance or conduct. Employers have mandatory reporting obligations under the National Law and they are the source of the majority of complaints or concerns we receive about midwives. Complaints or concerns about nurses are mostly lodged voluntarily by a patient, relative or member of the public.

Standards of clinical care continue to be the primary reason for lodging a notification about a nurse or midwife.

For more information about the notifications process, visit the [AHPRA website](#).

Figure 6: How notifications are managed



An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the NMBA, unless otherwise stated.

The complaints process is different in NSW and Queensland:

- ▶ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission.
- ▶ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2016/17 annual report on their website, as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. The OHO receives all health complaints in Queensland, including those about nurses and midwives, and decides whether the complaint:

- ▶ is serious, in which case it must be retained by the OHO for investigation

Figure 7: Total notifications received by AHPRA about midwives, year by year, since the National Scheme began

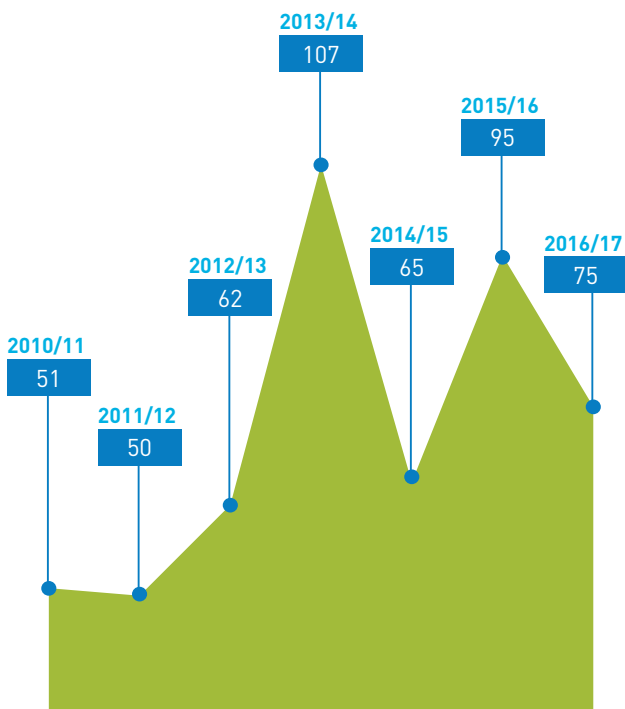


Figure 8: Total notifications received by AHPRA about nurses, year by year, since the National Scheme began

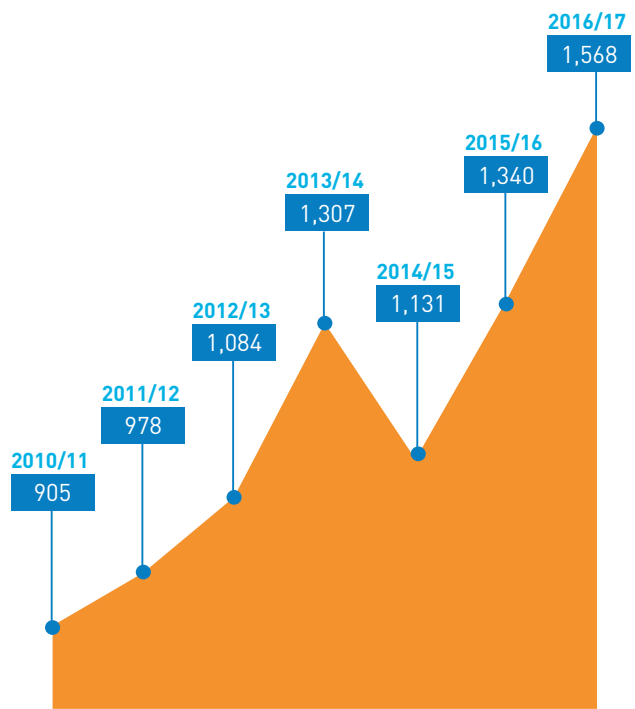


Figure 9: The most common types of complaint lodged with AHPRA about midwives

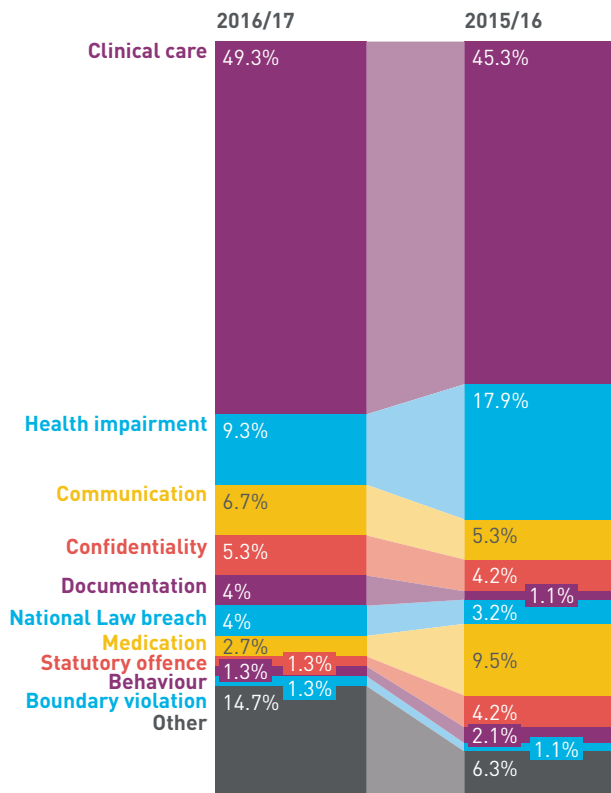
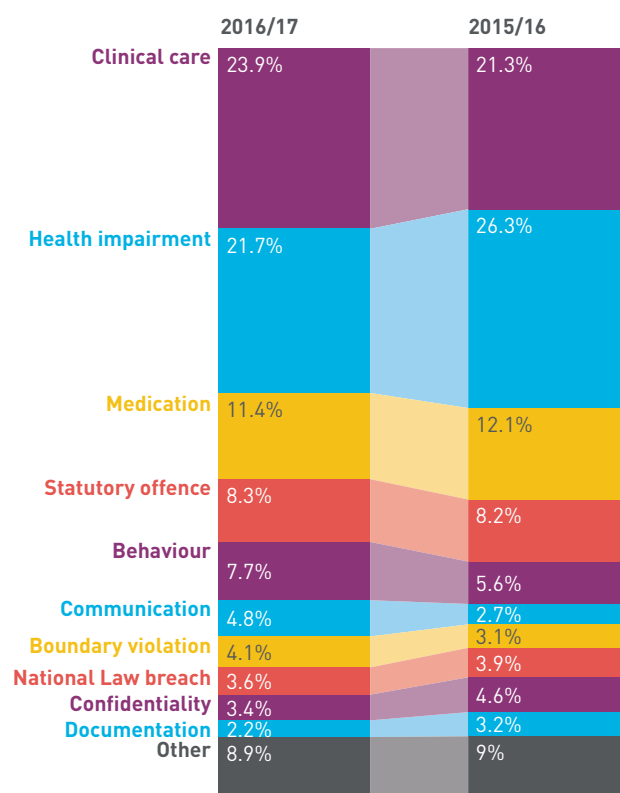


Figure 10: The most common types of complaint lodged with AHPRA about nurses



Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) in any single financial year since the National Scheme began across all regulated health professions, with over 23.8% (1,643) of complaints or concerns relating to the health, performance or conduct of nurses or midwives. This is 14.5% more than those received about nurses and midwives in 2015/16 (1,435).

Of the nursing and midwifery matters received and considered by the NMBA this year:

- ▶ 95.4% (1,568) related to health, performance or conduct of a nurse, and
- ▶ 4.6% (75) related to health, performance or conduct of a midwife.

Almost all jurisdictions reported an increase in notifications received year on year, with South Australia the only jurisdiction to receive fewer notifications about nurses and midwives in 2016/17 than in 2015/16. Queensland and Victoria accounted for just under half of all notifications received.

Notifications closed in 2016/17

The NMBA assessed and closed 24.7% more notifications about nurses and/or midwives in 2016/17 than in 2015/16. Despite the high volume of new notifications received, this represents the highest number of closures (1,559) since the start of the National Scheme and accounted for 23.4% of all closed notifications nationally across all regulated health professions. Of notifications that were closed, 41.6% resulted in some form of regulatory action being taken by the Board.

At 30 June 2017, there were 1,057 open notifications about nurses and midwives.

Tables 8–22 show data about notifications in 2016/17 and those that remained open as at 30 June 2017.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered nurse, enrolled nurse, midwife or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ▶ practising while intoxicated by alcohol or drugs
- ▶ sexual misconduct in the practice of the profession
- ▶ placing the public at risk of substantial harm because of an impairment (health issue), or
- ▶ placing the public at risk because of a significant departure from accepted professional standards.

AHPRA received 847 mandatory notifications about health practitioners in 2016/17, with 57.6% of those (488) relating to notifiable conduct by nurses or midwives. Of the 446 mandatory notifications assessed about both nurses and midwives closed during the year, 54.4% resulted in some form of regulatory action being taken. This compares with 39.3% of voluntary notifications lodged about nurses resulting in regulatory action and 49.3% of voluntary

notifications lodged about midwives resulting in regulatory action.

Most mandatory notifications related to a serious departure from accepted standards of practice. For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

Tables 15–18 show data about mandatory notifications in 2016/17.

Taking immediate action

Immediate action is a serious step that the NMBA can take when it believes it is necessary to limit a nurse or midwife's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2016/17, the NMBA took immediate action on 157 occasions. Despite the increase in new notifications received, the number of immediate actions taken was consistent with the previous year. Immediate action was considered by the NMBA on 11.3% of all notifications received this year, compared with 13.8% of all notifications received in 2015/16.

Tables 19 and 20 show data about immediate action in 2016/17.

Tribunals, panels and appeals Tribunals

The NMBA can refer a matter to a tribunal for hearing. Usually this happens when the allegations involve the most serious of matters, such as where the Board believes a practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ▶ **Australian Capital Territory** Civil and Administrative Tribunal
- ▶ **New South Wales** Civil and Administrative Tribunal
- ▶ **Northern Territory** Civil and Administrative Tribunal
- ▶ **Queensland** Civil and Administrative Tribunal
- ▶ **South Australia** Health Practitioners Tribunal
- ▶ **Tasmania** Health Practitioners Tribunal
- ▶ **Victoria** Civil and Administrative Tribunal
- ▶ **Western Australia** State Administrative Tribunal

All 50 tribunal hearings relating to nurses and midwives that were finalised in 2016/17 resulted in some form of disciplinary action being taken or the surrender of registration. The majority (16) resulted in the imposition of conditions, 13 resulted in the cancellation of registration and 10 in the suspension of registration. See Table 25.

Panels

A National Board has the power to establish two types of panel depending on the type of notification:

- ▶ **Health panels**, for issues relating to a practitioner's health and performance, or
- ▶ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels must include a nurse if it is a nursing matter and a midwife if it is a midwifery matter. Each National Board has a list of approved people who may be called upon to sit on a panel.

Of the 26 matters relating to nurses and midwives that were decided by panels during the year, 23 resulted in some form of regulatory action being taken against the individual nurse or midwife. See Table 24.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ▶ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ▶ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ▶ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

There were 24 appeals lodged by nurses nationally about a decision made by the NMBA under the National Law in 2016/17, and one by a dual registrant nurse and midwife (25 for the professions in total). This compares with 28 appeals lodged by nursing and midwifery registrants the previous year.

Of the 22 appeals finalised in 2016/17, 90.9% resulted in the Board's original decision being upheld. Only two decisions were substituted for a new decision on appeal. A breakdown of appeal outcomes is available at AHPRA's main annual report via the supplementary tables.

The National Scheme's [regulatory principles](#) apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to the main [annual report](#) by AHPRA and the National Boards for data relating to appeals in 2016/17.

Tables 24 and 25 show data about tribunals and panels in 2016/17.

Compliance

On behalf of the NMBA, AHPRA monitors nurses, midwives, and nursing and midwifery students who have had restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the NMBA to manage risk to public safety.

Monitoring can be for one or more of the following reasons:

- ▶ suitability/eligibility to be registered to practise
- ▶ compliance with restrictions on their registration – health, conduct, performance, and/or
- ▶ to make sure that any practitioner who was cancelled from the register did not practise.

The 1,708 active monitoring cases shown in Table 26 relate to 155 individual midwives and 1,528 individual nurses¹. These cases represent just over one third of all monitoring cases across all health professions in the National Scheme. The majority were in relation to monitoring of eligibility/suitability requirements. See Table 27 for the breakdown by stream.

Increasing volumes of notifications received and high closure rates has translated into a proportionate increase in monitoring cases for the NMBA.

For more information on monitoring and compliance, visit [the AHPRA website](#).

Statutory offences

The National Law sets out four types of statutory offences:

- ▶ unlawful use of protected titles
- ▶ unlawful claims by individuals or organisations as to registration
- ▶ performing a restricted act, and
- ▶ unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, visit [the AHPRA website](#).

AHPRA received 84 new offence complaints about the nursing and midwifery profession in 2016/17, which is a slight decrease of 3.5% when compared with 2015/16. Over 70% of offence complaints received related to allegations of the improper use of a protected title. The majority of the remaining complaints related to the advertising of nursing or midwifery services. Statutory offence complaints about nurses and/or midwives accounted for only 3.7% of all statutory offences received nationally across all regulated health professions during the year.

This year, there was a 150% increase in the number of statutory offence complaints closed (115, up from 46 in 2015/16).

See Tables 27 and 28 for more data related to statutory offences.

¹ A practitioner who has restrictions for more than one reason will be allocated more than one 'monitoring case'. For example, if a nurse or midwife has conditions imposed as a result of health concerns and conduct, they will be allocated two monitoring cases.

Table 8: Notifications received about nurses and midwives, by state or territory

Nursing/midwifery ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	AHPRA subtotal	HPCA ⁵	Total
Midwife: 2016/17	3	1	7	35	9		7	10	3	75	38	113
Midwife: 2015/16	5	3	3	35	8	2	27	11	1	95	8	103
Nurse: 2016/17	49	19	51	422	240	93	457	201	36	1,568	642	2,210
Nurse: 2015/16	35	10	35	417	258	60	378	130	17	1,340	602	1,942
Total 2016/17	52	20	58	457	249	93	464	211	39	1,643	680	2,323
Total 2015/16	40	13	38	452	266	62	405	141	18	1,435	610	2,045
% change from 2015/16 to 2016/17	30.0%	53.8%	52.6%	1.1%	-6.4%	50.0%	14.6%	49.6%	116.7%	14.5%	11.5%	13.6%
All regulated health practitioner notifications ⁶ received 2016/17	242	96	169	2,046	800	329	2,230	900	86	6,898	4,111	11,009
All regulated health practitioner notifications received 2015/16	206	94	123	1,919	808	242	1,886	718	60	6,056	4,026	10,082
Nursing and midwifery as % of all regulated health practitioner notifications received 2016/17	21.5%	20.8%	34.3%	22.3%	31.1%	28.3%	20.8%	23.4%	45.3%	23.8%	16.5%	21.1%
Nursing and midwifery as % of all regulated health practitioner notifications received 2015/16	19.4%	13.8%	30.9%	23.6%	32.9%	25.6%	21.5%	19.6%	30.0%	23.7%	15.2%	20.3%

Table 9: Percentage of registrant base with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA complaints) ⁷	NT	QLD (including OHO complaints) ⁸	SA	TAS	VIC	WA	No PPP ⁴	Total
Midwife: 2016/17	0.4%	0.1%	1.0%	0.7%	0.3%	0%	0.1%	0.3%	0.6%	0.3%
Midwife: 2015/16	0.7%	0.1%	0.5%	0.5%	0.3%	0.3%	0.3%	0.3%	0.7%	0.3%
Nurse: 2016/17	0.7%	0.5%	1.1%	0.7%	0.7%	0.8%	0.4%	0.5%	0.3%	0.6%
Nurse: 2015/16	0.6%	0.6%	0.8%	0.6%	0.8%	0.7%	0.4%	0.3%	0.2%	0.5%

Table 10: Notifications received about nurses, by division and state or territory (excluding HPCA)

Division	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Enrolled nurse	3	2	4	77	72	22	112	36	8	336	277
Enrolled nurse and registered nurse	1	0	2	13	1	0	22	4	2	45	31
Registered nurse	45	17	45	332	167	71	306	161	17	1,161	994
Unknown practitioner ⁹	0	0	0	0	0	0	17	0	9	26	38
Total 2016/17	49	19	51	422	240	93	457	201	36	1,568	
Total 2015/16	35	10	35	417	258	60	378	130	17		1,340

1 Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

2 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

4 No principal place of practice (No PPP) will include practitioners with an overseas address.

5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

6 'All notifications' are the total number of notifications lodged with AHPRA about registered health practitioners in the 14 health professions regulated in the National Scheme.

7 Data in this row includes matters managed by AHPRA and the NMBA, and the Health Professional Councils Authority (HPCA) in NSW.

8 Includes matters managed by the OHO in Queensland, not just those matters referred to AHPRA by the OHO.

9 Practitioners are not always identified in the early stages of a notification.

Table 11: Notifications received, closed in 2016/17 and open at 30 June 2017, by state or territory

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Notifications received 2016/17	52	20	58	457	249	93	464	211	39	1,643	680	2,323
% of all nursing and midwifery notifications	2.2%	0.9%	2.5%	19.7%	10.7%	4.0%	20.0%	9.1%	1.7%	70.7%	29.3%	100.0%
Mandatory notifications received 2016/17	16	2	9	6	162	36	193	61	3	488	172	660
% of all nursing and midwifery notifications	2.4%	0.3%	1.4%	0.9%	24.5%	5.5%	29.2%	9.2%	0.5%	73.9%	26.1%	100.0%
Notifications closed 2016/17	47	21	44	397	297	77	464	180	32	1,559	626	2,185
% of all nursing and midwifery notifications	2.2%	1.0%	2.0%	18.2%	13.6%	3.5%	21.2%	8.2%	1.5%	71.4%	28.6%	100.0%
Notifications open at 30 June 2017	33	15	32	370	158	46	262	123	18	1,057	387	1,444
% of all nursing and midwifery notifications	2.3%	1.0%	2.2%	25.6%	10.9%	3.2%	18.1%	8.5%	1.2%	73.2%	26.8%	100.0%

Table 12: Open notifications at 30 June 2017, by state or territory

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
2016/17	33	15	32	370	158	46	262	123	18	1,057	387	1,444
2015/16	28	12	21	313	208	33	262	85	10	972	336	1,308
% change 2015/16 to 2016/17	17.9%	25.0%	52.4%	18.2%	-24.0%	39.4%	0.0%	44.7%	80.0%	8.7%	15.2%	10.4%
All cases ⁵ for all regulated health practitioners open 2016/17	107	60	90	1,431	492	141	1,125	537	33	4,016	2,282	6,298
All cases ⁵ for all regulated health practitioner open 2015/16	110	49	68	1,288	564	106	1,082	495	25	3,787	2,002	5,789
Nursing and midwifery as % of all regulated health practitioner open cases 2016/17	30.8%	25.0%	35.6%	25.9%	32.1%	32.6%	23.3%	22.9%	54.5%	26.3%	17.0%	22.9%
Nursing and midwifery as % of all regulated health practitioner open cases 2015/16	25.5%	24.5%	30.9%	24.3%	36.9%	31.1%	24.2%	17.2%	40.0%	25.7%	16.8%	22.6%

1 Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

2 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

3 No PPP will include practitioners with an overseas address.

4 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

5 'All cases' are the total number of notifications lodged with AHPRA about registered health practitioners in the 14 health professions regulated in the National Scheme.

Table 13: Notifications closed, by state or territory

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
2016/17	47	21	44	397	297	77	464	180	32	1,559	626	2,185
2015/16	34	18	38	350	213	60	385	132	20	1,250	595	1,845
% change from 2015/16 to 2016/17	38.2%	16.7%	15.8%	13.4%	39.4%	28.3%	20.5%	36.4%	60.0%	24.7%	5.2%	18.4%
All regulated health practitioner notifications ⁵ closed 2016/17	237	102	149	1,901	871	284	2,192	859	74	6,669	3,765	10,434
All regulated health practitioner notifications closed 2015/16	206	105	144	1,372	687	251	1,745	654	63	5,227	3,612	8,839
Nursing and midwifery as % of all regulated health practitioner notifications closed 2016/17	19.8%	20.6%	29.5%	20.9%	34.1%	27.1%	21.2%	21.0%	43.2%	23.4%	16.6%	20.9%
Nursing and midwifery as % of all regulated health practitioner notifications closed 2015/16	16.5%	17.1%	26.4%	25.5%	31.0%	23.9%	22.1%	20.2%	31.7%	23.9%	16.5%	20.9%

Table 14: Notifications closed, by state or territory, by stage at closure (excluding HPCA)

Stage at closure	2016/17		2015/16	
	Nursing and midwifery	All regulated health practitioners	Nursing and midwifery	All regulated health practitioners
Assessment ⁶	739	4,141	629	3,147
Health or performance assessment ⁷	215	362	187	341
Investigation	529	1,919	368	1,386
Panel hearing	26	72	28	179
Tribunal hearing	50	175	38	174
Total ⁸	1,559	6,669	1,250	5,227

Table 15: Number of practitioners with mandatory notifications made about them in 2016/17 (including HPCA)

	2016/17				2015/16			
	No. practitioners			Rate/10,000 practitioners	No. practitioners			Rate/10,000 practitioners
	AHPRA	HPCA ⁴	Total		AHPRA	HPCA ⁴	Total	
Nursing and midwifery ⁹	440	164	604	15.4	333	186	519	13.7
All registrants	747	276	1,023	15.1	605	315	920	14.0

1 Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

2 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

3 No PPP will include practitioners with an overseas address.

4 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

5 'All mandatory notifications' are the total number of mandatory notifications lodged with AHPRA about registered health practitioners in the 14 health professions regulated in the National Scheme.

6 Closed after initial assessment of the matter.

7 Performance assessments are carried out by an NMBA-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not NMBA members or AHPRA staff).

8 Excludes matters managed by the HPCA in NSW.

9 Figures represent the number of individual practitioners involved in the mandatory notifications received. Data on mandatory notifications for nurses and midwives have been combined and compared with the total number of notifications received about nurses and midwives.

Table 16: Mandatory notifications received, by state or territory (including HPCA)

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
2016/17	16	2	9	6	162	36	193	61	3	488	172	660
2015/16	19	5	1	7	141	19	106	44	3	345	190	535
% change from 2015/16 to 2016/17	-15.8%	-60.0%	800.0%	-14.3%	14.9%	89.5%	82.1%	38.6%	0%	41.4%	-9.5%	23.4%
All mandatory notifications ⁵ received by AHPRA in 2016/17	32	7	15	13	255	73	335	111	6	847	295	1,142
All mandatory notifications ⁵ received by AHPRA in 2015/16	44	9	1	15	205	35	224	100	8	641	339	980
Nursing and midwifery mandatory notifications as a % of all mandatory notifications received 2016/17	50.0%	28.6%	60.0%	46.2%	63.5%	49.3%	57.6%	55.0%	50.0%	57.6%	58.3%	57.8%
Nursing and midwifery mandatory notification as a % of all mandatory notifications received 2015/16	43.2%	55.6%	100.0%	46.7%	68.8%	54.3%	47.3%	44.0%	37.5%	53.8%	56.0%	54.6%

Table 17: Outcomes of assessment for mandatory notifications about nurses and midwives, by grounds for the notification (excluding HPCA)

Outcome	Grounds for notification					Total 2016/17 ⁶	Total 2015/16 ⁶
	Standards	Impairment	Sexual misconduct	Alcohol or drugs	Not classified		
End matter	No further action ⁷	71	19	2	2	94	71
	Dealt with as enquiry	1				1	1
	Caution	21				21	9
	Accept undertaking	3	1		2	6	9
	Impose conditions	17	5		1	23	6
Total closed after assessment	113	25	2	5	0	145	96
Refer to further stage	Health or performance assessment	17	17		9	43	41
	Investigation	195	38	12	8	253	203
	Other stage	4	1			5	0
Total referred to further stage	91	22	9	4	0	301	244
Total assessments finalised in 2016/17	216	56	12	17	0	446	
Total assessments finalised in 2015/16	329	81	14	22	2		340

1 Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

2 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

3 No PPP will include practitioners with an overseas address.

4 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

5 'All mandatory notifications' are the total number of mandatory notifications lodged with AHPRA about registered health practitioners in the 14 health professions regulated in the National Scheme.

6 Excludes matters managed by the HPCA in NSW.

7 No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 18: Outcomes at closure for mandatory notifications about nurses and midwives in 2016/17 (excluding HPCA)

Outcome	Total 2016/17	Total 2015/16
No further action ¹	211	162
Impose conditions	101	66
Accept undertaking	34	40
Caution	77	38
Suspend registration	6	5
Reprimand	4	4
Refer all of the notification to another body	1	2
Not permitted to reapply for registration for 12 months or more	0	2
Cancel registration	9	2
Proceedings withdrawn	0	1
Health complaints entity to retain	0	1
Accept surrender of registration	2	0
Total²	445	323

Table 19: Immediate action cases by state or territory (including HPCA)

Nursing/midwifery	ACT	NSW ³	NT	QLD ⁴	SA	TAS	VIC	WA	No PPP ⁵	Subtotal	HPCA ⁶	Total
Total 2016/17	10	1	2	24	27	17	61	41	3	186	93	279
Total 2015/16	8	2	7	52	42	9	57	20	1	198	103	301
% change from 2015/16 to 2016/17	25.0%	-50.0%	-71.4%	-53.8%	-35.7%	88.9%	7.0%	105.0%	200.0%	-6.1%	-9.7%	-7.3%

Table 20: Outcomes of immediate actions for nursing and midwifery (excluding HPCA)

Outcome	2016/17 ²		2015/16 ²	
	Nurses and midwives	All regulated health practitioners	Nurses and midwives	All regulated health practitioners
Not take immediate action	20	76	18	66
Accept undertaking	23	69	21	67
Impose conditions	78	147	106	229
Accept surrender of registration	1	1	2	6
Suspend registration	55	103	48	74
Decision pending	9	23	3	22
Total²	186	419	198	464

1 No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

2 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

3 Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

4 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

5 No PPP will include practitioners with an overseas address.

6 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 21: Outcomes at closure for notifications closed (excluding HPCA)

Outcome	2016/17		2015/16	
	Nurses and midwives	All regulated health practitioners	Nurses and midwives	All regulated health practitioners
No further action ¹	881	4,572	755	3,466
Caution or reprimand	264	946	179	719
Impose conditions	286	706	200	580
Accept undertaking	67	149	68	181
Health complaints entity to retain	17	159	15	120
Refer all or part of the notification to another body	12	54	8	53
Suspend registration	12	30	12	46
Cancel registration	13	34	4	34
Proceedings withdrawn	0	0	1	9
Not permitted to reapply for registration for 12 months or more	0	3	3	8
Practitioner surrender	5	5	5	6
Fine registrant	2	11	0	5
Total²	1,559	6,669	1,250	5,227

Table 22: Outcomes of assessments finalised (excluding HPCA)

	2016/17		2015/16	
	Nurses and midwives	All regulated health practitioners	Nurses and midwives	All regulated health practitioners
Outcome of decisions to take the notification further				
Investigation	591	2,159	540	1,975
Health or performance assessment	135	228	183	295
Panel hearing	6	11	3	16
Tribunal hearing	0	0	0	3
Other stage	21	88	0	0
Subtotal	1,185	2,486	1,014	2,289
Outcome of notifications closed following assessment				
No further action ¹	491	3111	442	2,358
Health complaints entity to retain	14	148	12	109
Refer all or part of the notification to another body	2	29	2	33
Dealt with as enquiry	1	10	8	47
Managed as a complaint by a co-regulator	0	0	1	5
Managed as a statutory offence under Part 7 of the National Law	0	0	0	7
Caution	111	485	91	367
Accept undertaking	20	44	17	46
Impose conditions	75	200	46	164
Accept surrender of registration	0	0	2	2
Subtotal²	714	4,027	621	3,138
Total assessments finalised²	1,467	6,513	1,347	5,427

1 No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

2 Excludes matters managed by the HPCA in NSW.

Table 23: Outcomes of investigations finalised (excluding HPCA)

	2016/17		2015/16	
	Nurses and midwives	All regulated health practitioners	Nurses and midwives	All regulated health practitioners
Outcome of decisions to take the notification further				
Assessment	0	7	3	16
Health or performance assessment	77	152	57	116
Panel hearing	24	61	17	79
Tribunal hearing	40	153	30	100
Other stage	0	3	0	0
Subtotal	141	376	107	311
Outcome of notifications closed following investigation				
No further action ¹	282	1,170	214	838
Refer all or part of the notification to another body	10	25	4	11
Dealt with as enquiry	0	0	1	1
Managed as a complaint by a co-regulator	0	0	1	5
Health complaints entity to retain	0	0	2	8
Caution	129	400	69	272
Accept undertaking	22	64	20	72
Impose conditions	87	261	63	189
Suspend registration	0	0	0	1
Subtotal ²	530	1,920	374	1,397
Total investigations finalised ²	671	2,296	481	1,708

Table 24: Outcomes from panel hearings finalised (excluding HPCA)

Outcome	2016/17		2015/16	
	Nurses and midwives	All regulated health practitioners	Nurses and midwives	All regulated health practitioners
No further action ¹	3	11	6	32
Refer all or part of the notification to another body	0	0	0	0
Caution	11	28	6	39
Reprimand	3	5	1	11
Accept undertaking	0	0	0	1
Impose conditions	7	26	15	88
Accept surrender of registration	0	0	0	1
Suspend registration	2	2	0	1
Total ²	26	72	28	173

Table 25: Outcomes from tribunal hearings finalised (excluding HPCA)

Outcome	2016/17		2015/16	
	Nurses and midwives	All regulated health practitioners	Nurses and midwives	All regulated health practitioners
No further action ¹	0	15	2	18
Fine registrant	2	11	0	5
Caution or reprimand	7	19	9	24
Accept undertaking	1	3	0	2
Impose conditions	16	60	4	28
Accept surrender of registration	1	1	3	3
Suspend registration	10	27	12	44
Cancel registration	13	34	4	34
Not permitted to reapply for registration for 12 months or more	0	3	3	8
Proceedings withdrawn	0	0	1	9
Total ²	50	173	38	175

- 1 No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.
- 2 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 26: Monitoring cases at 30 June 2017, by state or territory (excluding HPCA)

Monitoring cases ¹	ACT	NSW ²	NT	QLD	SA	TAS	VIC	WA	No PPP ³	Total 2016/17 ⁴	Total 2015/16 ⁴
Midwifery	1	37	3	22	7	1	44	20	20	155	144
Nursing	31	200	13	375	192	46	476	184	36	1,553	1,274
Total nursing and midwifery 2016/17	32	237	16	397	199	47	520	204	56	1,708	
Total nursing and midwifery 2015/16	34	172	19	348	182	43	380	191	49		1,418
All regulated health practitioners (2016/17)	113	1,353	53	1,069	450	107	1,138	666	135	5,084	
All regulated health practitioners (2015/16)	117	1,381	55	1,078	452	105	1,032	635	108		4,963
Nursing and midwifery as % of all regulated health practitioners (2016/17)	28.3%	17.5%	30.2%	37.1%	44.2%	43.9%	45.7%	30.6%	41.5%	33.6%	
Nursing and midwifery as % of all regulated health practitioners (2015/16)	29.1%	12.5%	34.5%	32.3%	40.3%	41.0%	36.8%	30.1%	45.4%		28.6%

Table 27: Monitoring cases at 30 June 2017, by stream (excluding HPCA)

Monitoring cases ¹	Stream					Total 2016/17 ⁴	Total 2015/16 ⁴
	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/eligibility ²		
Midwifery	6	3	10	3	133	155	144
Nursing	116	288	164	158	827	1,553	1,274
Total nursing and midwifery 2016/17	122	291	174	161	960	1,708	
Total nursing and midwifery 2015/16	116	337	168	131	666		1,418
All regulated health practitioners (2016/17)	356	577	552	256	3,343	5,084	
All regulated health practitioners (2015/16)	402	663	550	219	3,129		4,963
Nursing and midwifery as % of all regulated health practitioners (2016/17)	34.3%	50.4%	31.5%	62.9%	28.7%	33.6%	
Nursing and midwifery as % of all regulated health practitioners (2015/16)	28.9%	50.8%	30.5%	59.8%	21.3%		191.3%

1 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. In 2016/17, there were 1,708 cases about nursing and midwifery, which relate to 1,528 individual nursing registrants and 155 individual midwifery registrants.

2 AHPRA performs monitoring of compliance cases in 'suitability/eligibility' stream matters for NSW registrations. These cases also may include cases that are to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for conduct, health and performance streams. These do not refer to monitoring cases managed by the HPCA in NSW.

3 No principal place of practice (No PPP) will include practitioners with an overseas address. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

4 Excludes matters managed by the HPCA in NSW.

Table 28: Statutory offence complaints received and closed, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2016/17	Total 2015/16
		Title protections (s.113–120)	Received	1	9	1	9	3		12	6	18
	Closed	1	17	1	5	2		17	7	47	97	31
Practice protections (s.121–123)	Received										0	1
	Closed										0	2
Advertising breach (s.133)	Received		1		6	1	2	7	1	4	22	11
	Closed		1		4	2		6	1	1	15	12
Directing or inciting unprofessional conduct/professional misconduct (s.136)	Received									1	1	0
	Closed									1	1	0
Other offence	Received						1			1	2	2
	Closed						1			1	2	1
Total 2016/17	Received	1	10	1	15	4	3	19	7	24	84	
	Closed	1	18	1	9	4	1	23	8	50	115	
Total 2015/16	Received	2	11	2	5	2	0	12	4	49		87
	Closed	3	10	1	8	2	0	2	5	15		46

Table 29: Statutory offence complaints received and closed, by type of offence and jurisdiction

Profession/ jurisdiction	Type of offence										Total 2016/17		Total 2015/16	
	Title protections (s.113–120)		Practice protections (s.121–123)		Advertising breach (s.133)		Directing or inciting unprofessional conduct/professional misconduct (s.136)		Other offence		Rcv'd	Closed	Rcv'd	Closed
	Rcv'd	Closed	Rcv'd	Closed	Rcv'd	Closed	Rcv'd	Closed	Rcv'd	Closed				
Midwifery registrants	6	32	0	0	2	3	0	0	0	0	8	35	33	6
ACT											0	0	0	0
NSW		1									0	1	2	2
NT											0	0	0	0
QLD	2	2			2	2					4	4	0	1
SA	2	2									2	2	0	0
TAS											0	0	0	0
VIC						1					0	1	2	0
WA											0	0	0	0
No PPP ²	2	27									2	27	29	3
Nursing registrants	53	65	0	0	20	12	1	1	2	2	76	80	54	40
ACT	1	1									1	1	2	3
NSW	9	16			1	1					10	17	9	8
NT	1	1									1	1	2	1
QLD	7	3			4	2					11	5	5	7
SA	1				1	2					2	2	2	2
TAS					2				1	1	3	1	0	0
VIC	12	17			7	5					19	22	10	2
WA	6	7			1	1					7	8	4	5
No PPP ²	16	20			4	1	1	1	1	1	22	23	20	12
Total 2016/17	59	97	0	0	22	15	1	1	2	2	84	115		
Total 2015/16	73	31	1	2	11	12	0	0	2	1			87	46

1 This table captures statutory offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection

2 No principal place of practice (No PPP) will include practitioners with an overseas address. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

Appendices

Appendix 1: Structure of the Nursing and Midwifery Board of Australia

National committees of the NMBA*	State and territory boards	State and territory/regional committees
Finance, Governance and Communications Committee	All states and territories have their own jurisdictional board	Immediate Action Committee (excluding NSW)
Policy, Compliance and Notifications Committee		<i>When required:</i> Notifications Committee (excluding NSW)
Registration and Accreditation Committee		Registration Committee
State and Territory Chairs' Committee		

*See Appendix 3 for member lists in 2016/17

Appendix 2: Approved registration standards, codes and guidelines

Registration standards are submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the National Law.

Codes and guidelines are developed and approved by the NMBA in accordance with the National Law. Prior to approval, there must be public consultations on the proposed registration standards, codes and guidelines.

During the year, the NMBA held a consultation on the *Codes of conduct for nurses and midwives* (the codes), which was released on 23 January 2017 and closed on 10 March 2017. Read more about the codes on [the NMBA website](#).

Procedures for the development of registration standards, codes and guidelines can be found on [the AHPRA website](#).

The below guidelines commenced in 2016/17:

Registration standard, code or guideline	Approved by	Date of approval	Status
Guidelines: For midwives applying for endorsement for scheduled medicines	NMBA	15 December 2016	Commenced on 1 January 2017
Safety and quality guidelines for privately practising midwives	NMBA	30 July 2015	Commenced on 1 January 2017

Appendix 3: Board and national committee members in 2016/17

The NMBA values the contribution of our Board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2016/17, we held 77 national Board and committee meetings and 596 state Board and committee meetings. Members of these Boards and committees were as follows:

Australian Capital Territory

Ms Emma Baldock (Chair)

Mrs Alison Archer
Ms Tina Calisto
Ms Alison Chandra
Ms Felicity Dalzell
Ms Kate Gauthier
Ms Eileen Jerga AM
Dr Carmel McQuellin
Ms Alison Reardon

New South Wales

Ms Liza Edwards (Deputy Chair)

Ms Kathryn Adams
Mr Bruce Brown
Mrs Sue Dawson
Ms Adrienne Farago
Mrs Eithne Irving
Ms Melissa Maimann
Ms Suzanne McNicol
Ms Margaret Sampson

Northern Territory

Ms Angela Bull (Chair)

Mrs Stephanie Campbell
Mr David Carpenter
Ms Rosie Downing (from 23 January 2017)
Dr Therese Kearns
Ms Heather King
Ms Gay Lavery (until 12 August 2016)
Dr Brian Phillips
Ms Alison Phillis
Dr Joanne Seiler

Queensland

Professor Patsy Yates (Chair)

Ms Suzanne Cadigan (from 31 August 2016)
Mr John Chambers
Ms Tracey Duke
Ms Michelle Garner
Dr Amanda Henderson
Ms Susan Johnson
Mr Stanley Macionis
Ms Helen Towler

South Australia

Associate Professor Linda Starr (Chair)

Mr Mark Bodycoat
Mrs Zinta Docherty
Ms Sally Hampel
Ms Kaaren Haywood
Ms Meredith Hobbs
Mrs Gillian Homan
Ms Paula Medway
Ms Katherine Sullivan

Tasmania

Ms Catherine Schofield (Chair)

Ms Kim Gabriel (Deputy Chair)
Ms Carol Baines
Mr Paul Brown
Ms Emma Curnin (until 30 June 2017)
Dr Kylie McShane
Mr David Paton
Professor Rosalind Bull (from 1 July 2016)
Ms Christine Schokman
Mrs Lynette Staff

Victoria

Ms Naomi Dobroff (Chair)

Dr Leslie Cannold
Ms Maureen Capp
Ms Kathryn Hough
Mr Gregory Miller
Ms Virginia Rogers
Ms Amanda Singleton
Ms Paula Stephenson
Mrs Brenda Waites

Western Australia

Ms Marie-Louise Macdonald (Chair)

Mrs Marie Baxter
Associate Professor Karen Clark-Burg
Dr Margaret Crowley
Adjunct Associate Professor Karen Gullick
Mr John Laurence (from 18 July 2016)
Ms Pamela Lewis
Ms Mary Miller
Mr Michael Piu

State and Territory Chairs' Committee

Ms Emma Baldock (ACT)

Ms Angela Bull (NT)
Ms Naomi Dobroff (VIC)
Ms Liza Edwards (NSW)
Mr John Kelly (Nursing and Midwifery Council of NSW)
Ms Marie-Louise Macdonald (WA)
Ms Cat Schofield (TAS)
Associate Professor Linda Starr (SA)
Professor Patsy Yates (QLD)

Finance, Governance and Communications Committee

Allyson Warrington (Chair)

Angela Brannelly
Melodie Heland
Max Howard

Policy, Compliance and Notifications Committee

Margaret Winn (Chair)

Veronica Casey
Chris Helms
Annette Symes

Registration and Accreditation Committee

Denise Fassett (Chair)

Veronica Casey
Nicoletta Ciffolli
Jennifer Wood

The Nursing and Midwifery Board of Australia: www.nursingmidwiferyboard.gov.au

Phone

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From outside Australia, call **+61 3 9275 9009**

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